

Debtor **Stewart, Kathryn J**SS # XXX-XX-**6156**CASE NO. **1:13-bk-10667**

Joint Debtor \_\_\_\_\_

SS # XXX-XX-

Median Income [ ] Above **[X]** BelowAddress **192 Southbrook Drive Byhalia, MS 38611**

**THIS PLAN DOES NOT ALLOW CLAIMS.** Creditors must file a proof of claim to be paid under any plan that may be confirmed, The treatment of ALL secured and priority debts must be provided for in this plan.

#### PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of **60** months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

- (A) Debtor shall pay **\$48.50** per ( monthly /  semi-monthly /  weekly /  bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:  
**Perkins Restaurant & Bakery**  
**960 W Poplar Avenue**  
**Collierville, TN 38017**
- (B) Joint Debtor shall pay \$ \_\_\_\_\_ per ( monthly /  semi-monthly /  weekly /  bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

#### PRIORITY CREDITORS.

Filed claims which are not disallowed are to be paid in full or as ordered by the Court as follows:

Internal Revenue Service:	\$ <b>0.00</b>	@ \$ <b>0.00</b> /month
Mississippi Dept. of Revenue:	\$ <b>0.00</b>	@ \$ <b>0.00</b> /month
Other:	\$ <b>0.00</b>	@ \$ <b>0.00</b> /month

#### DOMESTIC SUPPORT OBLIGATION. DUE TO:

POST PETITION OBLIGATION: In the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_. To be paid:  direct,  through payroll deduction, or  through the plan.

#### PRE-PETITION ARREARAGE:

In the total amount of \$ \_\_\_\_\_ through \_\_\_\_\_ which shall be paid in the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_. To be paid  Direct,  through payroll deduction, or  through the plan.

**HOME MORTGAGES.** All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

MTG PMTS TO: **Bank of America** BEGINNING **03/01/2013** @ \$ **1,032.33**  PLAN  DIRECT

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO

#### MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: **None** Approx. amt. due: \$ Int. Rate:

Property Address: Are related taxes and/or insurance escrowed  Yes  No

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured

shall be treated as a general unsecured claim.

Creditor's Name	Collateral	910*	Approx. CLM	Amt. Owed	Value	Int Rate	Pay Value or Amt. Owed
<b>Capital One Auto Finance</b>	<b>2006 Chevrolet Silverado</b>	<b>N</b>	<b>10,143.85</b>	<b>7,400.00</b>	<b>7.00%</b>	<b>8,791.73</b>	

\*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS.** Including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral	Approx. Amt. Owed	Proposal Treatment
-----------------	------------	----------------------	--------------------

**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

Creditor's Name	Approx. Contractual Mo. Amt. Owed	Pmt. Proposal Treatment
-----------------	--------------------------------------	-------------------------

**SPECIAL PROVISIONS** which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

**GENERAL UNSECURED DEBTS** totaling approximately **\$26,271.89**. Such claims must be *timely filed* and not disallowed to receive payment as follows:        IN FULL (100%), 0.00% (PERCENT) MINIMUM, or a total distribution of \$ 0.00, with the Trustee to determine the percentage distribution. *Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.*

Total Attorney Fees Charged **\$ 3,000.00**

Attorney Fees Previously Paid **\$ 0.00**

Attorney fees to be paid in plan **\$ 3,000.00**

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent

Attorney for Debtor (Name/Address/Phone/Email)

**Karen B. Schneller**

**Karen B. Schneller**

**Post Office Box 417**

**Holly Springs, MS 38635**

Telephone/Fax **(662) 252-3224/ (662) 252-2858**

E-mail Address **karen.schneller@gmail.com**

Telephone/Fax:

DATE: **February 26, 2013**

DEBTOR'S SIGNATURE  
JOINT DEBTOR'S SIGNATURE  
ATTORNEY'S SIGNATURE

/s/ Kathryn J Stewart

/s/ Karen B. Schneller